

P05285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

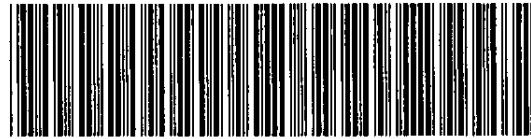
(Document Number)

Certified Copies 1

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*Handwritten signature*

FILED  
12 MAR 20 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JANUARY 17, 2012

MAR 22 2012

T. ROBERTS



March 15, 2012

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Cracker Barrel Old Country Store, Inc., a Tennessee corporation  
Change of Corporate Names – Document No. P05285

Dear Sir/Madam:

Enclosed please find our Amendment to Application for Authorization to Transact Business in Florida, notifying you of our name change from CBOCS, Inc. to Cracker Barrel Old Country Store, Inc. I am also enclosing our check in the amount of \$43.75 for this filing fee.

I would appreciate it if you would provide me with a certificate or other evidence of these name changes by return mail.

If you have any questions, please let me know. You may contact me on my direct line at (615) 235-4092.

Very truly yours,

CRACKER BARREL OLD COUNTRY STORE, INC.

A handwritten signature in black ink that reads "Amy Hankins". The signature is written in a cursive, flowing style.

Amy Hankins  
Paralegal

/anh

Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBOCS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 620812904

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY HANKINS  
Name of Contact Person

CRACKER BARREL OLD COUNTRY STORE, INC.  
Firm/Company

PO BOX 787  
Address

LEBANON, TN 37088  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY HANKINS at ( 615 ) 235-4092  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|--|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

~~620842904~~ P05285  
(Document number of corporation (if known))

**FILED**  
**12 MAR 20 PM 4:17**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. CBOCS, INC.  
(Name of corporation as it appears on the records of the Department of State)

2. TENNESSEE 3. 3/13/1985  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/21/2011

5. CRACKER BARREL OLD COUNTRY STORE, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Michael J. Zylstra  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael J. Zylstra  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
STE B  
992 DAVIDSON DR  
NASHVILLE, TN 37205-1051

February 29, 2012

**Request Type: Certificate of Existence/Authorization**  
Request #: 0060121

Issuance Date: 02/29/2012  
Copies Requested: 1

**Document Receipt**

Receipt #: 649066 Filing Fee: \$20.00  
Payment-Check/MO - CFS, NASHVILLE, TN \$80.00

**Regarding: Cracker Barrel Old Country Store, Inc.**  
Filing Type: Corporation For-Profit - Domestic  
Formation/Qualification Date: 10/16/1969  
Status: Active  
Duration Term: Perpetual

Control #: 7744  
Date Formed: 10/16/1969  
Formation Locale: WILSON COUNTY  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Cracker Barrel Old Country Store, Inc.**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

Verification #: 000539316



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
STE B  
992 DAVIDSON DR  
NASHVILLE, TN 37205-1051

February 29, 2012

**Control # 7744**

Effective Date: 12/21/2011

Receipt # : 649070

Filing Fee: \$20.00

### **CERTIFICATE OF NAME CHANGE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **CBOCS, INC.** were filed in this office on the effective date noted above, changing the name to **Cracker Barrel Old Country Store, Inc.**

  
Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick